THE INTERNATIONAL RESTLESS LIMB SYNDROME (IRLS) RATING SCALE

Name: ___________________________________ MR# _________ DATE ____________

Please rate your symptoms of RLS over the past 1-2 weeks based upon the following questions. Score 0 points for none; 1 point for mild; 2 points for moderate; 3 points for severe; 4 points for very severe:

1. Overall, how would you rate the RLS discomfort in your legs or arms?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None

2. Overall, how would you rate the need to move around because of your RLS symptoms?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None

3. Overall, how much relief of your RLS arm or leg discomfort do you get from moving around?
   _____None  _____Slight  _____Moderate  _____Complete  _____No symptoms, does not apply

4. Overall, how severe is your sleep disturbance from your RLS symptoms?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None

5. How severe is your tiredness or sleepiness from your RLS symptoms?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None

6. Overall, how severe is your RLS as a whole?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None

7. How often do you get RLS symptoms?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None
   (6-7 days /week)  (4-5 days /week)  (2-3 days /week)  (0-1 days/week)

8. When you have RLS symptoms, how severe are they on an average day?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None
   (>8 hrs /day)  (3-8 hrs /day)  (1-3 hrs /day)  (< 1 hr /day)

9. Overall, how severe is the impact of your RLS symptoms on your ability to carry out your daily affairs, for example, carrying out a satisfactory family, home, social, school or work life?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None

10. How severe is your mood disturbance from your RLS symptoms, for example, angry, depressed, sad, anxious or irritable?
   _____Very Severe  _____Severe  _____Moderate  _____Mild  _____None

TOTAL SCORE = ____________
Mild (1-10)  Moderate (11-20)  Severe (21-30)  Very Severe (>30)